

Supervisor's Incident Investigation Form

Name of Injured Person _____
Date of Birth _____ Telephone Number _____
Address _____
City _____ State _____ Zip _____
☐ Male ☐ Female

What part of the body was injured? Describe in detail.

What was the nature of the injury? Describe in detail.

Describe fully how the accident happened. What was employee doing prior to the event? What equipment and tools were being used?

Names of all witnesses:

Date of Event _____ Time of Event _____ ☐ am ☐ pm

Exact location of event:

What caused the event?

Were safety regulations in place and used? If not, what was wrong?

Employee went to doctor/hospital? Doctor's Name:

Hospital's Name:

Recommended preventive action to take in the future to prevent reoccurrence:

Supervisor's Signature

Date